

JOHNS HOPKINS MEDICINE

Department of Surgery

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May 1, 2016

**RE: Methodology used for collecting national health statistics**

Dr. Thomas Frieden  
Director, U.S. Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329-4027

Dear Dr. Frieden,

We are writing this letter to respectfully ask the Centers for Disease Control and Prevention (CDC) to change the way it collects our country's national vital health statistics each year. The list of most common causes of death published is very important—it informs our country's research and public health priorities each year. The current methodology used to generate the list has what we believe to be a serious limitation. As a result, the list has neglected to identify the third leading cause of death in the U.S.—medical error. The limitation stems from a historic policy that says death certificates can only be tabulated with an ICD billing code. For example, a patient who dies directly from a medical error is not counted in our national health statistics as a country, under-representing an important burden of health in the U.S.

We define death due to medical error as death due to 1) an error in judgment, skill, or coordination of care, 2) a diagnostic error, 3) a system defect resulting in death or a failure to rescue a patient from death, or 4) a preventable adverse event. The prevalence of death due to medical error leading to patient deaths has been established in the literature. From studies that analyzed documented health records, we calculated a pooled incidence rate of 251,454 deaths per year.(1) If we project this quantity into the total number of deaths in the year 2013 (2,596,993 deaths), they would account for 9.7% of all deaths in the nation.(2) This figure far surpasses the current third leading cause of death on the CDC's most recent rank order. Moreover, the 251,454 estimate we derived from the literature is an underestimate because the studies conducted did not include outpatient deaths or deaths at home due to a medical error.

Currently, the CDC uses a deaths collection system that only tallies causes of death occurring from diseases, morbid conditions, and injuries.(3) The information on death certificates filled out by physicians, funeral directors, medical examiners, and coroners form the basis of an annually updated list of the most common causes of death. We found that the death certificate form has a major limitation. Since 1949, when the U.S. adopted the International Form of Medical Certificate of Cause of Death, the CDC has tabulated the national mortality statistics by assigning an International Classification of Disease (ICD) billing code to the cause of death.(4) As a result, causes of death not associated with an ICD code, such as human and system factors in medical care,

are not captured. While current system is consistent with World Health Organization (W.H.O.) guidelines, allowing common measurement definitions between countries, the U.S. should be a leader in recognizing the role of medical error in national health statistics.

We suggest that the CDC allow clinicians to list medical error as the cause of death, and, in the interim, the CDC should list medical error as the third most common cause of death in the U.S. after heart disease (611,105 deaths per year) and cancer (584,881 deaths per year) and replacing respiratory disease (149,205 deaths per year).(2) The U.S. government and private sector spend a lot of money on *heart disease* research and prevention. They also spend a lot of money on *cancer* research and prevention. It is time for the country to invest in medical quality and patient safety proportional to the mortality burden it bears. This would mean research in technology that reduces harmful and unwarranted variation in medical care, the non-technical (behavioral) and communication skills that prevent harm, ways to improve the diagnostic accuracy, and the prevention before and rescue after a preventable adverse event. Each year, the U.S. Agency for Healthcare Research and Quality receives thousands of project proposals aimed at reducing preventable harm, but very few ever get funded because funding work on the delivery of care has historically taken a back seat to funding new treatments. Our Johns Hopkins research team even submitted a grant proposal to reduce unnecessary cancer surgery to the National Cancer Institute, but it was rejected from the N.C.I. despite being funded by the prestigious Robert Wood Johnson Foundation. Based on the prevalence of the problem of poor quality medical care, the human suffering and price tag due to error are significant and merits proportional funding.

The ICD code book is limited in its ability to be a classification system for keeping national health vital statistics due to its inability to capture most types of medical error. Creating one additional field on the death certificate form to inquire if immediately preventable complications stemming from the patient's medical care was the primary contributor to the patient's death would advance the science of safety. This information should also have the same medico legal protection that currently protects hospital quality improvement data from legal discovery.

Appropriately recognizing the role of medical error in health care has enormous implications for medicine. Drawing on reliable data, deaths from care, rather than from the disease that brought the person into care, should be addressed with the same resources and vigor as other scientific endeavors. At minimum, listing the death burden of medical error would help create an open dialog about the problem. Currently, deaths due to medical error result only in internal discussions in confidential forums such as a hospital's internal root cause analysis committee or a department's morbidity and mortality conference. These forums review only a fraction of detected adverse events and the lessons learned are rarely disseminated beyond the borders of a single department or institution. We need more honest conversations about the problem. It would also help the many clinicians who cope with the mental trauma, and even post traumatic stress disorder, after being involved in a patient death due to error.

The CDC's annual list of most common causes of death in the U.S. should strive for accuracy. It informs our country's national funding campaigns. An accurate list is important to appropriately shape the trajectory of public health initiatives in areas where the most people are being affected. It could also me an example to other countries around the world that also need to reform their methodology for collecting national health statistics.

Increasing the transparency of the magnitude of the problem can lead to the design of safer systems mitigating their frequency, visibility, and consequences in both the U.S. and internationally.

Reducing costly medical errors is critical towards the important goal of creating a safer, more reliable health care system. Measuring and understanding the problem is the first step.

Sincerely,



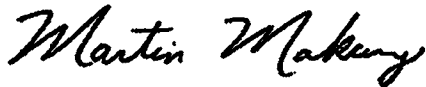
Sarah Joo  
Medical Student, Johns Hopkins University School of Medicine



Michael Daniel  
Medical Student, Johns Hopkins University School of Medicine



Tim Xu MPP  
Medical Student, Johns Hopkins University School of Medicine



Martin A. Makary M.D., M.P.H., F.A.C.S.  
Professor of Surgery and Health Policy & Management  
Johns Hopkins University School of Medicine

#### Literature Cited

1. Makary MA, Daniel M. Medical Error: The Third Leading Cause of Death in the United States. *BMJ*. May 4, 2016.
2. Deaths: Final Data for 2013. National Vital Statistics Report. [Internet]. 2016 Mar; Available from: <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
3. ICD-10 Volume-2 Instruction Manual (2010). World Health Organization. Published via: [http://www.who.int/classifications/icd/ICD10Volume2\\_en\\_2010.pdf?ua=1](http://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf?ua=1)
4. Moriyama IM, Loy RM, Robb-Smith AHT, et. al. History of the Statistical Classification of Diseases and Causes of Death. National Center for Health Statistics. 2011 March; 1-71.

NOTI NOTICE 010220 16:02  
CHRISTINA O  
CASE NAME: RUSSELL, RICHARD A CASE NUMBER: 03998348 NOTICE: F100  
MAILING ADDRESS:  
APT-UNIT-ETC : UNIT 1  
STREET ADDRESS : 4071 E SANTA BARBARA AVE TUCSON AZ 85711  
TITLE : NA APPROVAL

THIS DECISION IS ABOUT YOUR NUTRITION ASSISTANCE (NA) APPLICATION

NA APPROVED: We approved your NA application received on 12/02/2019

The following persons in your household are approved. The income, resources, and expenses of these persons are used to determine if you are eligible for NA benefits and the monthly amount you will get.

Name  
RUSSELL, RICHARD

Date of Birth  
01/21/89

SCREEN 01 OF 22

MAIL? (Y):

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BENEFIT AMOUNT

Starting 12/2019 all persons listed above are eligible for  
\$187.00.

SCREEN 02 OF 22

MAIL? (Y):

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For the next month you are eligible for \$194.00, and after that you are eligible for \$194.00.

Your first month's benefit may be less than the monthly benefit listed above because your benefits started the day we received your application.

NOTE: If you turned in your application after the 15th of the month you may get your first and second month of benefits at the same time. You will not receive your next benefits until the third month.

These amounts may change if there is a change in the number of people in your household, income and/or expenses for the 2nd and 3rd months.  
SCREEN 03 OF 22 MAIL? (Y):

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We will send you a separate notice if this is the case.

There are also certain households that meet the requirements of a special household. These households may be eligible for the minimum allotment of \$16.00.

You are approved through 11/2020

NOTE: You may get less in benefits if you have an ongoing overpayment and it is collected from your monthly benefits. Notices about overpayments are sent by the Office of Accounts Receivable and Collections.

This amount may change without notice if you have a pending Cash Assistance (CA) application and it is approved.

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RESPONSIBILITY FOR REPORTING CHANGES

You must report the changes listed below by the 10th day of the month following the month the changes occur:

Simplified Reporting - You must report when the total gross income of all persons getting NA in your household totals more than \$1354. Gross income is the amount of your income before any deductions. When you are an able-bodied adult between the ages of 18 and 49 with no dependent children, you must report if your work hours are decreased below 80 hours per month.

We have attached to this notice the CHANGE REPORT form to use in  
SCREEN 05 OF 22 MAIL? (Y):

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reporting your changes.

If you are approved for a 12 or 24-month approval period, you will be required to complete a Mid Approval Contact (MAC) form halfway through your approval period. On the MAC form you will be required to report and verify any changes in your home address or who lives with you, and certain changes in your income and expenses. You must answer all questions on the form, sign the form, and turn it in by the 10th day after it is mailed to you or your benefits will be stopped.

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ELECTRONIC BENEFITS TRANSFER (EBT)/QUEST CARD

Your first month's benefits will go on your EBT card on the day after approval. After that, benefits will go on your EBT card on  
SCREEN 06 OF 22 MAIL? (Y):

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9th of each month.

If you turned in your application after the 15th of the month, you may get your first and second month of benefits at the same time.

The EBT card works like an ATM/debit card and may be used at retail stores where it is accepted.

You can check your balance by:

- Calling the number on the back of your card or
- Visiting: [www.ebtEDGE.com](http://www.ebtEDGE.com)

FIRST TIME RECEIVING BENEFITS?

You may have already received your EBT Card from your eligibility  
SCREEN 07 OF 22 MAIL? (Y):

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office. If not, you will get it in the mail within 5-7 business days.  
You will receive information with your card. This card never expires.

RECEIVED BENEFITS IN ARIZONA BEFORE?

If you have ever received Cash or Nutrition benefits in Arizona use  
the card you were issued at that time. That card does not expire.

If you do not get your card or your card does not work, call the EBT  
Customer Service 24-Hour Hotline at 1 (888) 997-9333 (toll free). The  
TTY number for the hearing impaired is 1 (800) 367-8939.

If you lose your EBT card, you may have to pay a replacement fee.  
This will be taken out of your benefits.

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STREET ADDRESS : 4071 E SANTA BARBARA AVE TUCSON AZ 85711  
TITLE : NA APPROVAL

REASON FOR OUR DECISION

We used your Household's Total Monthly Net Income of \$0.00 to figure the NA benefits for the 1 person(s) eligible to receive benefits.

HOW WE FIGURED THE AMOUNT FOR WHICH YOU ARE ELIGIBLE

NOTE: There are income types that are not countable and not included in the budget calculations below. For example, earned income of a child less than 18 years old and attending school at least half-time, Agent Orange payments, AmeriCorps payments, and energy assistance payments.

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MAIL? (Y):

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NOTICE

010220 16:03

CHRISTINA O

CASE NAME: RUSSELL, RICHARD A

CASE NUMBER: 03998348 NOTICE: F100

MAILING ADDRESS:

APT-UNIT-ETC : UNIT 1

STREET ADDRESS : 4071 E SANTA BARBARA AVE TUCSON

AZ 85711

TITLE : NA APPROVAL

## HOW WE FIGURED YOUR HOUSEHOLD'S TOTAL MONTHLY GROSS INCOME

1. We added all your countable monthly income to get the  
Total Monthly Gross Income:

- |                                                                                                                                                          |     |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| - Gross Monthly Earned Income (before taxes or payroll deductions):                                                                                      | (a) | \$240.00 |
| - Total Unearned Income (such as benefits from Social Security, Child Support, Unemployment, Veteran Affairs, Sponsor's Income and DES Cash Assistance): | (b) | \$0.00   |
| 2. Total Monthly Gross Income (a + b):                                                                                                                   |     | \$240.00 |

## HOW WE FIGURED YOUR HOUSEHOLD'S TOTAL MONTHLY NET INCOME

3. Monthly Income Deductions Allowed by Federal Law:

- Earned Income Deduction: 20% of Gross Monthly

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TITLE : NA APPROVAL  
Earned Income (a): (c) \$48.00  
- Standard Deduction Based on Number of Persons  
Eligible to Receive Benefits: (d) \$167.00  
- Medical Expenses Over \$35 (elderly/disabled only) (e) \$0.00  
- Child and/or Disabled Adult Care Expenses: (f) \$0.00  
- Child Support Payments: (g) \$0.00  
4. Total Monthly Income Deductions (c+d+e+f+g): \$215.00  
5. Adjusted NET Monthly Income (#2 - #4): \$25.00  
6. Shelter Expenses You Gave Us:  
- Housing Costs (such as mortgage, rent, homeowners  
association fees, and homeowners insurance): (h) \$425.00  
- Total Utilities Costs (such as electric, gas,  
telephone, water, garbage, etc): (i) \$411.00  
SCREEN 11 OF 22 MAIL? (Y):

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NOTICE

010220 16:03

CHRISTINA O

CASE NAME: RUSSELL, RICHARD A

CASE NUMBER: 03998348 NOTICE: F100

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## 7. Shelter Expense Allowed by Federal Law:

- Total Housing Costs: (j) \$425.00
- Utility Allowance (a standard amount set by Federal law that is used in place of actual utility expenses): (k) \$289.00
- Total (j + k): (l) \$714.00
- 1/2 of Adjusted NET Monthly Income (50% of #5): (m) \$12.50
- Calculated Shelter cost (l - m): (n) \$701.50
- Maximum Shelter Cost (the most that may be allowed based on federal law): (o) \$569.00

8. Allowed Shelter cost (lower amount of #5, n, or o): \$25.00

9. Total Monthly Net Income (#5 - #8): \$0.00

HOW WE FIGURED THE AMOUNT FOR WHICH YOU ARE ELIGIBLE

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MAIL? (Y):

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TITLE : NA APPROVAL  
10. Nutrition Assistance Thrifty Food Plan Limit: \$194.00  
11. Total Monthly Benefit Amount (before proration) for  
which you are eligible (#10 minus 30% of #9): \$194.00

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## RENEWING

We will let you know when it is time to renew your benefits and what you need to do.

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## QUALITY REVIEW

Cases are randomly selected for quality control review. If your case is selected, you may be contacted to give us more information. If you  
SCREEN 13 OF 22 MAIL? (Y):

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do not cooperate with the review, your benefits may stop.

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OTHER SERVICES

Even if your CA has stopped, your family may continue to be eligible for supportive services, including:

- \* Jobs Program Services
- \* Employment-Related Services
- \* Child Support Services

The Arizona Women, Infants, and Children (WIC) gives services to pregnant, breastfeeding, postpartum women and their infants, and children under the age of five. For more information:

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MAIL? (Y):

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TITLE : NA APPROVAL  
\* Visit their website at [azdhs.gov/prevention/azwic/](http://azdhs.gov/prevention/azwic/), or  
\* Call them at 1 (800) 252-5942.

You may be able to get a discount for your utilities and/or telephone service. Contact your utility and/or telephone company for more information about discount programs.

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WHAT YOU CAN DO IF YOU NEED HELP OR HAVE QUESTIONS

Call us Monday - Friday, 7:30 a.m. to 5:00 p.m. at 1 (855) 432-7587.  
The TTY/TDD number for the hearing impaired is 7-1-1.

Contact us if you need help in getting documents or other information.

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MAIL? (Y):

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TITLE : NA APPROVAL  
To find a DES office, visit this website:  
[des.az.gov/find-your-local-office](https://des.az.gov/find-your-local-office)

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WHAT YOU CAN DO IF YOU DO NOT AGREE WITH OUR DECISION

If you do not agree with our decision, you may request an appeal by filling out the form on the last page of this notice. You may give the form to us in person, by mail, or fax. You may call the Office of Appeals at (602) 771-9019 or toll free at 1 (877) 528-3330 to request an appeal.

Fax Number: (602) 257-7055

- We explain your Right to Appeal on the last page of this notice.
- You can represent yourself, or another person or a lawyer can

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MAIL? (Y):

NOTI NOTICE 010220 16:03  
CHRISTINA O

CASE NAME: RUSSELL, RICHARD A

CASE NUMBER: 03998348 NOTICE: F100

MAILING ADDRESS:

APT-UNIT-ETC : UNIT 1

STREET ADDRESS : 4071 E SANTA BARBARA AVE TUCSON

AZ 85711

TITLE : NA APPROVAL

represent you at the hearing.

DEADLINES TO REQUEST AN APPEAL

90 days from the date on this notice.

HOW TO GET BENEFITS WHILE WAITING FOR AN APPEAL

- You may keep getting benefits if you request an appeal before the effective date of the action listed on this notice or ten (10) days from the date of this notice, whichever is later.
- You cannot get benefits while waiting for an appeal if:
  - Your application was denied;
  - Your benefits stopped because the approval period ended;
  - The law changed; or

SCREEN 17 OF 22

MAIL? (Y):

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NOTICE

010220 16:04

CHRISTINA O

CASE NAME: RUSSELL, RICHARD A

CASE NUMBER: 03998348 NOTICE: F100

MAILING ADDRESS:

APT-UNIT-ETC : UNIT 1

STREET ADDRESS : 4071 E SANTA BARBARA AVE TUCSON

AZ 85711

TITLE : NA APPROVAL

-- You received the most benefits you can get under the program.

CAUTION: You may have to pay back the NA benefits you received while waiting for an appeal if you do not go to your appeal hearing, you withdraw your appeal request, or you do not win your case.

#### FREE LEGAL ASSISTANCE

For Free Legal Assistance, you may contact:

--In Maricopa, Mohave, La Paz, Yavapai, and Yuma Counties:

Community Legal Services at [www.clsaz.org](http://www.clsaz.org) or 1 (800) 852-9075;

--In Apache, Cochise, Gila, Graham, Greenlee, Navajo, Pima, Pinal and Santa Cruz counties: Southern Arizona Legal Aid at

[www.sazlegalaid.org](http://www.sazlegalaid.org) or 1 (800) 248-6789;

--In Coconino County: DNA-People's Legal Services at

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MAIL? (Y):

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TITLE : NA APPROVAL  
www.dnalegalservices.org or 1 (800) 789-5781.

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LEGAL AUTHORITY

- Who is in your household: 7 Code of Federal Regulations (CFR): section 273.1;
  - Sponsor income: 7 CFR section 273.4(c);
  - Income and deductions: 7 CFR section 273.9;
  - Determining household eligibility & benefit levels: 7 CFR section 273.10;
  - Action on households with special circumstances: 7 CFR section 273.11;
  - Changing benefits without notice if your CA or TPEP application is approved: 7 CFR section 273.13(b)(6); and
- SCREEN 19 OF 22 MAIL? (Y):

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TITLE : NA APPROVAL  
- Claims against households; overpayments: 7 CFR section 273.18.

You can find these laws at any of the following:

- At a public library;
  - On the Internet at ARS: [www.azleg.gov/arstitle/](http://www.azleg.gov/arstitle/);  
CFR: [www.ecfr.gov/](http://www.ecfr.gov/); and
  - By asking for a copy at a DES Office.
- 

#### PENALTIES AND DISQUALIFICATION

If you knowingly break the rules and get NA benefits, we will disqualify you from getting NA benefits for:

- \* 12 months for the first violation.
- \* 24 months for the second violation.

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MAIL? (Y):

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NOTICE

010220 16:04

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\* Permanently for the third or any other violations.

If you are your representative or any household member hides information or gives false information on purpose to get NA benefits, that person will be subject to:

\* Criminal prosecution

\* Fines

\* Imprisonment

\* Other penalties provided for by state and federal laws.

The following additional penalties apply to the NA Program:  
Program:

\* An additional disqualification, of up to 18 months, may be ordered by a court.

\* Any participant or household member who makes false statements or

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MAIL? (Y):

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NOTICE

010220 16:04

CHRISTINA O

CASE NAME: RUSSELL, RICHARD A

CASE NUMBER: 03998348 NOTICE: F100

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AZ 85711

TITLE : NA APPROVAL

hides information can be fined up to \$250,000, imprisoned up to 20 years, or both.

\* You and/or your household members may be subject to further prosecution under federal laws.

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USDA is an equal opportunity provider and employer.

Este aviso se refiere a la informacion importante acerca de sus beneficios, los plazos cortos para pedir una Audiencia y la manera de seguir recibiendo beneficios si usted esta en desacuerdo con nuestra decision. Llame de inmediato al DES al 1 (855) 432-7587 y DES le leeran esta aviso a usted en Espanol.

SCREEN 22 OF 22

MAIL? (Y):

1

**CLAIM 1**

2 Being called a "Dick" by a graduating senior over a college-wide listserv  
3 with all students and faculty at the UArizona CoM during my first weeks  
4 of school, with no end intervention disallowing this behavior to continue  
5 by administration and faculty year after year (written documentation).  
6 Thus, the UArizona has advertised itself fraudulently, deceiving  
7 students into thinking it provides modern professional behavior training  
8 and exposure.

9

**EVIDENCE**

10 At the UArizona College of Medicine, the students are not entering a  
11 program that teaches "modern concepts of professionalism" as  
12 advertised fraudulently by the UArizona and the UArizona College of  
13 Medicine.

INTERVIEW SCHEDULE	My schedule starts on 04/01/2015 and ends on 04/01/2017	APR	NOV
04/01/2015	04/01/2016	04/01/2017	04/01/2018

If you were admitted to the College of Medicine - Phoenix in 2013 or later, find your counselor information here.

Students at the University of Arizona College of Medicine - Tucson participate in professional learning communities known as Societies. Within the Societies Program, small groups of students work with each other and a faculty mentor to:

- learn interviewing, physical examination, and patient care skills at the patient bedside;
- develop clinical thinking, documentation and presentation skills;
- and provide consistent and structured exposure to modern concepts of professionalism.

#### Longitudinal nature

These small groups—a maximum of six students—stay together throughout all four years of medical school. Society groups meet weekly with their mentor during the first two years of medical school for a variety of clinical experiences.

The four-year program encourages meaningful longitudinal relationships among the students in each group and between the students and their mentor. These relationships are important for student wellbeing and establishing sense of community.

#### Mentorship

Mentors in the Societies Program are chosen from among the College's most distinguished clinician-educators. All are active, respected clinicians who have been recognized for their teaching skills and have devoted much of their academic careers to medical education. When mentors are absent, a mentor-at-large fills in.

Career advising components are embedded within the program.

#### Doctor and Patient course (clinical skills training)

Clinical skills training within the Societies Program is robust. Clinical skills sessions with real and standardized patients are coordinated with the basic science material the students are studying, facilitating the meaningful integration of clinical and basic science concepts and real-life applications for clinical thinking skills.

Before the end of Year II, each student will conduct multiple histories and physical examinations during clinical encounters, write numerous "subjective, objective, assessment and plan" (SOAP) notes and perform several oral presentations. Societies Mentors provide both formative and summative feedback, ensuring excellent preparation for entering clerkships.

14

15 During my training I had 3 different mentors and was never provided

16 the as advertised ability to establish longitudinal small group

17 relationships. Dr Klotz my original mentor when starting medical

18 school repeatedly failed to show up for our weekly mentor meetings,

19 and so we got a new mentor. I was so unimpressed with the educational

20 learning opportunity I decided to take a medical leave (as the school

21 encouraged me to make it a medical one, not personal) to reflect

22 thoroughly upon whether I even wanted to complete the program,

23 balancing my personal and professional life. 2 of my mentors were

24 before this first leave of absence and did contribute (directly and

25 indirectly) in some small or large part to my dissatisfaction and

26 feeling that the profession of medicine involved "the lesser self".

# —FoodieWanderlust

maps, food, my journey!

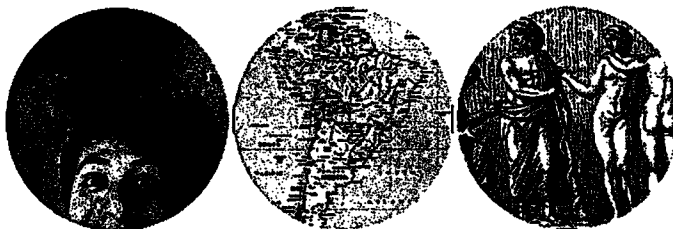
About South America Journey 2014 East Coast & Canada Tour 2012

## About

—  
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This blog is a life work in progress: my personal travel and gastronomy guide of various countries. Click on the '2014' or '2012' links above.

## —South American Journey 2014



So I made it into medical school I even got a scholarship, and now I am totally freaking out about life again having finished this first year. I am not sure if I want to continue with the MD because the profession is so mixed up with corruption and greed. Not all professions and not all lifestyles need to involve the lesser self, of selfishness. So, I am once again taking off on a journey for resolve of some sort. I am either going to discontinue medical school, attempting to set up an online way of living, or I will go back to finish the degree and earn that 250,000 dollars worth of debt! Haha. Really though, I absolutely have nothing to complain about. I just had some delicious fried chicken and some clean, purified drinking water. Once again, back to the basics that are so damn good! I really hope you all enjoy my south america adventure. I will again, review restaurants and also provide maps, links, and information all along the way.

PS — Here is my [friend's blog](#) on SA for more planning info.

## Recent Posts

[Gracias América del Sur!!](#)  
[Buenos Aires con Buenos Aires Real](#)  
[Reflexo de A La Piedad](#)  
[Reflexo de Sandoval](#)  
[Montevideo mi Joya Chiquita y Misteriosa](#)

## Archives

[August 2014](#)  
[July 2014](#)  
[June 2014](#)  
[August 2012](#)  
[July 2012](#)  
[June 2012](#)

27

28 And well before my first leave, during my foundations block, in the

29 very first weeks of my training at UArizona College of Medicine, I

30 discovered that graduating seniors permissibly spam the entire College

31 of Medicine listserv including faculty. I found this out when I

32 responded to the first of their spam as "not making any sense"

33 publicly on the listserv; which made the senior feel publicly re-

34 humiliated as he had been repeatedly throughout his training at the

35 UArizona. So, he attacked me personally and publicly on the listserv,

36 with some of his peers apologizing on his behalf and some of his peers

37 joining in on the attack.

38 The administration and Deans have continued to let this annual  
39 listserv spamming (which actually is fraternal hazing) transpire with  
40 no rule, nor serious consequences, ever enforced; that is *ex ante et*  
41 *ex post* the incident where a student felt it was a modern concept of  
42 professionalism to refer to me as "dick" for trying to protect the  
43 recipients of his spam-based email, specifically so no one shared  
44 their personal information with a potentially malicious emailer. (See  
45 pdf file "dick.pdf" for a copy of the relevant emails.) According to  
46 the financial aid department "it gets pretty bad sometimes...usually  
47 about the name of the other student (per conversation in 2018 with  
48 Jessica Le Duc)".

49 Ultimately, I unsubscribed myself from the listservs, and subsequently  
50 had to meet in extra meetings with dR Fantry for the missing residency  
51 application information he shared on the listserv.

52 This university program, established under the ABoR, University of  
53 Arizona Health Sciences and the University of Arizona College of  
54 Medicine - Tucson, continuously and flagrantly violates its own  
55 pillars of professionalism, and has repeatedly failed to uphold its  
56 "shared responsibility for creating an appropriate environment for  
57 learning these attributes of professional behavior [see pdf  
58 'attributes of professional behavior.pdf']".

59 And I have over 15+ different examples, from being told "gender  
60 preference should be left in the back seat" in writing (Beeler.jpg),  
61 to being called a "kid" that "doesn't know how to write a letter" in a  
62 big group email between faculty by the Student Progress Committee

Chair (emphasis on Chair), even before his hearing of my psychiatry appeal (Wong.jpg), to being blamed for things I never did (e.g. doctors were blaming me for pulling out an NG tub from a patient in the operating room (NGtubelinkedin1.jpg, NGtubelinkedin2.jpg) behind my back while never being recognized for reporting a literal STEMI (heart attack signal on EKG) reading on a trauma bay patient the medical team had missed (and were required to follow up on with a formal EKG) and even helping give in depth late night operating room scrub training and exposure to multiple different specialties of surgeries to an undergraduate student - that is while also protecting patients from possibly dangerous and medically unnecessary procedures by explaining the risk-benefits based upon my 3<sup>rd</sup> year medical student credentials and knowledge (which always was "to be checked and confirmed by the real doctors on the team" by and in my own words); when the surgery team wanted to take an appendix out of an old dying man and I was the only one who said to the surgeons this could kill the patient going under general and it wasn't until (thankfully this time, emphasis on THIS TIME) the head over-night anesthesiologist resident basically yelled at the surgeon saying we are NOT doing this until the attending is here because this is the type of patient who won't ever wake up if we put him under ...

I was the only, one it seemed at times, actively trying to protect patients on some of the teams from unnecessarily dangerous procedures by sharing information freely and asking questions. For example, putting a heavy-smoking patient under general anesthesia for a 5 cm abscess tract exploratory drainage, which was done under local

89 lidocaine with zero issues, literally and ONLY because I told the  
90 patient please for your safety if I were smoking this morning even  
91 before your surgery, I'd pick the local, if given the option from the  
92 anesthesia team but no explanation of risks; when in fact, I was the  
93 only one with initiative enough to wipe the sweat off of the surgeon's  
94 forehead after I noticed it was dripping profusely in the trap-door  
95 thoracotomy opened-chest of a young man - and I did this repeatedly  
96 for approximately 30 minutes), *et cetera*.

97 None of the other students questioned the practice of the medical  
98 doctors because they knew they'd be failed for asking questions,  
99 especially for asking the questions without happy answers.



College of Medicine

## Attributes of Professional Behavior

These Attributes of Professional Behavior describe behaviors that medical students are expected to develop during the course of their education, both in the classroom and in the community in which the educational mission operates. This document serves to promulgate these attributes to faculty, residents, students, staff and community preceptors of the University of Arizona as explicit recognition of the shared responsibility for creating an appropriate environment for learning these attributes of professional behavior.

The Attributes are consistent with existing University of Arizona and Arizona Board of Regents (ABOR) policies, as well as established policies implemented in undergraduate medical education, graduate medical education, residency programs, Arizona Health Sciences Center departments and clinical settings.

### Attributes:

- Communicate in a manner that is effective and that promotes understanding, inclusion and respect for individuals' diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.
- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one's own limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
- Promote wellbeing and self-care for patients, colleagues, and one's self.
- Be responsive to the needs of the patients and society that supersedes self-interest.

12/20/2019

University of Arizona Mail - [medall] Housing request



Richard A Russell &lt;rar777@email.arizona.edu&gt;

**[medall] Housing request**

34 messages

Kristin Anchors <ktanchors@yahoo.com>  
 Reply-To: Kristin Anchors <ktanchors@yahoo.com>  
 To: medall <medall@list.arizona.edu>

Sat, Sep 14, 2013 at 9:59 PM

Medall:

I seek housing in Tucson for:

10/21/2013-11/15/2013  
 3/31/2014-4/25/2014

Which also means my apartment in Phoenix would likely be available during those time if there is interest.

Thanks!  
 Kristin Anchors

Richard A Russell <rar777@email.arizona.edu>  
 Cc: medall <medall@list.arizona.edu>

Sat, Sep 14, 2013 at 11:22 PM

I believe that this is spam, best not to respond without some research. Please correct me if I am wrong.

Note, the email is NOT an UA college of medicine email address. No contact information is provided. Furthermore, this makes no sense.

Bests and sorry if this is a real request...

—Rick, MS1  
 [Quoted text hidden]

Colin <colinp@email.arizona.edu>  
 To: Richard A Russell <rar777@email.arizona.edu>  
 Cc: medall <medall@list.arizona.edu>

Sat, Sep 14, 2013 at 11:28 PM

Yea she's in my class, probably shouldn't spam the listserv with your response,  
 Best

Colin

#4thyearproblems  
 #thisshouldincitelistservbattles

Enviado via iPhone  
 [Quoted text hidden]

Terry Platto <tnplatto@email.arizona.edu>  
 To: Richard A Russell <rar777@email.arizona.edu>

Sat, Sep 14, 2013 at 11:29 PM

It is most likely somebody doing a couple away rotations here. Happens all the time. Very common...

Sent from my iPhone  
 [Quoted text hidden]

Lev Korovin <lnkorovin@gmail.com>  
 To: Richard A Russell <rar777@email.arizona.edu>  
 Cc: medall <medall@list.arizona.edu>

Sat, Sep 14, 2013 at 11:29 PM

That was beautiful.  
 I agree, Kristin is scamming us! And yeah, this makes absolutely no sense. Why would anybody in Phoenix want to come to Tucson? Solid thinking.  
 [Quoted text hidden]

---

12/20/2019

University of Arizona Mail - [medall] Housing request

Lev N. Korovin  
M.D. Candidate, 2014  
University of Arizona College of Medicine  
Tucson, AZ  
(602) 380-5001

Joseph Chao <jcslater@email.arizona.edu>  
To: Richard A Russell <rar777@email.arizona.edu>  
Cc: medall <medall@list.arizona.edu>

Sat, Sep 14, 2013 at 11:35 PM

rar777,  
You've been corrected.

Note, I'm not sure what rar777 stands for.

Bests and sorry!

On Sat, Sep 14, 2013 at 11:22 PM, Richard A Russell <rar777@email.arizona.edu> wrote:  
[Quoted text hidden]

—  
Joseph T. Chao  
MD Candidate 2014  
The University of Arizona College of Medicine

Andrew Anthony L Sy <asy1130@email.arizona.edu>  
Reply-To: Andrew Anthony L Sy <asy1130@email.arizona.edu>  
To: Colin <collin@email.arizona.edu>, medall@list.arizona.edu

Sat, Sep 14, 2013 at 11:42 PM

What are you talking about Colin? What is a #listservwar?  
#problemasdecuartoafio

[Quoted text hidden]

Lalita Abhyankar <lalita.abhyankar@gmail.com>  
To: "Joseph Chao, T - (jcslater)" <jcslater@email.arizona.edu>  
Cc: Richard A Russell <rar777@email.arizona.edu>, medall@list.arizona.edu

Sat, Sep 14, 2013 at 11:44 PM

Kristin, this is what you get for using a yahoo address. Switch to gmail already, people won't think you're a spammer who is offering a sketch place in phx without a dishwasher or any other normal amenities. ▼

[Quoted text hidden]

Javier Figueroa <jav@email.arizona.edu>  
To: Lalita Abhyankar <lalita.abhyankar@gmail.com>  
Cc: "Joseph Chao, T - (jcslater)" <jcslater@email.arizona.edu>, Richard A Russell <rar777@email.arizona.edu>, "medall@list.arizona.edu" <medall@list.arizona.edu>

Sat, Sep 14, 2013 at 11:46 PM

Guys, leave Dick alone. He doesn't know his place.

Javier Figueroa  
M.D. Candidate, Class of 2014  
University of Arizona College of Medicine  
jav@email.arizona.edu  
[Quoted text hidden]

Andrew Anthony L Sy <asy1130@email.arizona.edu>  
Reply-To: Andrew Anthony L Sy <asy1130@email.arizona.edu>  
To: Javier Jose Figueroa <jav@email.arizona.edu>, medall@list.arizona.edu

Sat, Sep 14, 2013 at 11:50 PM

Jav,  
Just because his email is signed as ms I, doesnt mean he actually is... need more research.

-michaelangelo, greatest turtle of all time

12/20/2019

University of Arizona Mail - [medall] Housing request

[Quoted text hidden]

Kristin Anchors <ktanchors@yahoo.com>  
Reply-To: Kristin Anchors <ktanchors@yahoo.com>  
To: Lalita Abhyankar <lalita.abhyankar@gmail.com>  
Cc: "medall@list.arizona.edu" <medall@list.arizona.edu>

Sat, Sep 14, 2013 at 11:51 PM

My secret gmail address cannot be trusted here. It could het spammed.

Kristin Anchors  
MD Candidate 2014, UACOM  
Sent from my iPhone

On Sep 14, 2013, at 11:44 PM, Lalita Abhyankar <lalita.abhyankar@gmail.com> wrote:

[Quoted text hidden]

Richard A Russell <rar777@email.arizona.edu>  
To: Javier Figueroa <jav@email.arizona.edu>, medall <medall@list.arizona.edu>

Sun, Sep 15, 2013 at 2:10 AM

You guys are losers. As in all you respondents just lost the game: losers. I did not join a fraternity or sorority. I was invited to medical school. Everyone prefers polite amiability from strangers. And my name is not Dick to Javier Figueroa, whoever you are.

Regardless, I am just glad to know I can truly recognize spam...

Bests and good luck this time (I know all you respondents will need it! It will be hard to recover from this one).

Kisses, xoxoxo!

—Rick



12/20/2019

University of Arizona Mail - [medall] Housing request

[Quoted text hidden]

Erik Handberg <ehandber@gmail.com>  
 To: Richard A Russell <rar777@email.arizona.edu>  
 Cc: Javier Figueroa <jav@email.arizona.edu>, medall <medall@list.arizona.edu>

Sun, Sep 15, 2013 at 3:16 AM

I was invited to medical school the same way I was invited to high school parties, through extensive planning, letters of recommendation, research, begging and huge monetary payments. And, after years of trying, turns out neither will end up making me a hit with the ladies.

Not everyone prefers polite amiability, as evidenced by my love of being called a "loser." And I don't mind the kisses at the end of your letter, but you through in a couple of hugs too with no warning, and I \*will NOT stand for it\*.

#FightThePower #4YP #DickReply

-Erik "Somoan Moses" Handberg

[Quoted text hidden]

Erik Handberg <ehandber@gmail.com>  
 To: Richard A Russell <rar777@email.arizona.edu>  
 Cc: Javier Figueroa <jav@email.arizona.edu>, medall <medall@list.arizona.edu>

Sun, Sep 15, 2013 at 3:17 AM

In before everyone corrects my spelling of "threw". Shaddup, I'm savnig lives over hear.

[Quoted text hidden]

Richard A Russell <rar777@email.arizona.edu>  
 To: Erik Handberg <ehandber@gmail.com>  
 Cc: Javier Figueroa <jav@email.arizona.edu>, medall <medall@list.arizona.edu>

Sun, Sep 15, 2013 at 3:36 AM

Have what you want not what's forced onto you. And listen to the baboons while in residency please!!!

<http://m.youtube.com/watch?v=A4UMyTnlaMY&feature=g-high-rec>

I've got, nothing else to say.

--Rick

[Quoted text hidden]

Jennifer Hollinger <jenheck@email.arizona.edu>  
 To: Richard A Russell <rar777@email.arizona.edu>  
 Cc: Erik Handberg <ehandber@gmail.com>, Javier Figueroa <jav@email.arizona.edu>, medall <medall@list.arizona.edu>

Sun, Sep 15, 2013 at 9:08 AM

Anchors, you can stay with me! We have a guest room and a puppy!

4th years- love you all so much and I think that you're all winners in my book :)

#convictionandvalor #fourthyearlistservwarison

[Quoted text hidden]

—  
 Jennifer Hollinger  
 MD Candidate 2014  
 University of Arizona College of Medicine  
 (602) 510-0211

James R Knitter <jknitter@email.arizona.edu>  
 To: Richard A Russell <rar777@email.arizona.edu>

Sun, Sep 15, 2013 at 3:50 PM

Rick,

These guys acted like real jerks, and you do not deserve the inflammatory comments that you received.

If you'll be on campus on Monday, lets meet up for a few minutes. I'd like to get your take on all of this. Text: 520-955-9045

Regards,

James Knitter  
 M.D. Candidate, Class of 2016  
 The University of Arizona College of Medicine | Tucson  
 jknitter@email.arizona.edu  
 [Quoted text hidden]

12/20/2019

University of Arizona Mail - [medall] Housing request

Richard A Russell <rar777@email.arizona.edu>  
 To: James R Knitter <jknitter@email.arizona.edu>

Sun, Sep 15, 2013 at 8:52 PM

yes, sure if you are very interested.

i just hope that me referring to the respondents as losers of the game was not over done. i specifically chose to "play the game" (of cyber teasing) and respond in my defense to just put a stop to it then and there. i did not and do not care to pursue any other sort of action. if i really cared i'd not have responded and taken them into a meeting with a dean. afterall, it was just a joke and sometimes jokes don't work out! haha. :D

regardless, i think medall learned something important! this is what really matters.

i'll be on campus around 10am, text me if this email doesn't clear things up.

--Rick, 6026255937

ps: i don't stay angry about anything for very long—too many other things in the world! i do appreciate your reaching out, so, thanks.  
 [Quoted text hidden]

Bijan Mossadeghi <bijan@email.arizona.edu>

Mon, Sep 16, 2013 at 8:13 AM

To: Erik Handberg <ehandber@gmail.com>, Javier Figueroa <jav@email.arizona.edu>  
 Cc: Richard A Russell <rar777@email.arizona.edu>, "lalita.abhyankar@gmail.com" <lalita.abhyankar@gmail.com>, "jcslater@email.arizona.edu" <jcslater@email.arizona.edu>

Dear Richard

I'm sorry to see that you and your class received a rude introduction to the juvenile so-called tradition at UACOM, which amounts to tolerance of disruptive spamming of the email distribution list by 4th year students. The standard excuse that is given for this childish behavior is that 4th years have put up with all the crap from faculty and everyone else, and they've survived all the hierarchical putdowns, so upon graduation they are given free license to snub their noses at the whole school, and spam the listserve to their own delight.

Not all of us buy into that explanation, so when we first encountered this behavior last Spring, as demonstrated by the class of 2013, some of us responded back to the spam, and requested that they leave medall out of their messages. That's when we found out the true meaning of this "tradition", because we were notified, or in a way "put in our place", by other upperclassmen, that this is the 4th years' payback to the school for what they've been put through.

Now it seems that some members of the class of 2014 have given themselves the license to start this practice of spamming all of us even sooner. Whereas last year we only had to put up with this high-school-type activity for a few weeks before graduation, now it seems some 4th years think it is ok for them to start inflicting this childishness on us barely half-way through September! To add insult to injury, they mock you for your innocent mistake, insult your name, and bully you by saying you don't know "your place".

So should we write off what you experienced as 2017's first encounter with the fine "tradition" of 4th years' "innocent" poking fun at everyone at the school as payback for the cynicism and hierarchical putdown that they've experienced, or should we take it as perpetuation of a culture of intimidation, sense of entitlement, and putting underlings "in their place"? If we poke fun at someone for their innocent mistake and insult them for their name, we'll be cited for unprofessionalism and referred to the honor code committee, but if a 4th year does it, it's OK. This is tolerated either because nobody can do anything to change the culture, or nobody cares, or nobody Wants to change the culture. In which case maybe we should consider this tolerance of bad behavior as part of the "hidden curriculum", which inculcates the soon-to-be-doctors with the sense of entitlement and hierarchical condescension which some believe should be a part of medicine.

If this behavior has been tolerated up till now, it doesn't mean that we have to continue to tolerate it. We don't have to bow down to bullying just because others before us have done so. Especially when comes from people who have barely spent 2 years in minimally hands-on exposure to medicine, and now they think they've seen enough of the "real world" that they have the right to inflict their cynicism and bullying on the rest of us. Rest assured that in my 42 years of life, living through revolution and war, professional life and personal life, I've seen more "real world" than these not-yet-even-docs with big heads can shake a chest tube at. So I don't need them or anybody else to put me "in my place", and neither do you.

Let this be the last warning to bullies and anybody who equates med school with high school. Members of our class decided to respond to this incident without copying medall, and without escalating it with the school administration. But there is zero tolerance for this sort of thing, and 1 strike is all that will be given.

Regards,

Bijan Mossadeghi  
 MD Candidate, Class of 2016  
 University of Arizona College of Medicine - Tucson

On Sep 15, 2013, at 3:16 AM, Erik Handberg <ehandber@gmail.com> wrote:

I was invited to medical school the same way I was invited to high school parties, through extensive planning, letters of recommendation, research, begging and huge monetary payments. And, after years of trying, turns out neither will end up making me a hit with the ladies.

12/20/2019

University of Arizona Mail - [medall] Housing request

Not everyone prefers polite amiability, as evidenced by my love of being called a "loser." And I don't mind the kisses at the end of your letter, but you through in a couple of hugs too with no warning, and I "will NOT stand for it".

#FightThePower #4YP #DickReply

-Erik "Somoan Moses" Handberg

On Sun, Sep 15, 2013 at 2:10 AM, Richard A Russell <rar777@email.arizona.edu> wrote:

You guys are losers. As in all you respondents just lost the game: losers. I did not join a fraternity or sorority. I was invited to medical school. Everyone prefers polite amiability from strangers. And my name is not Dick to Javier Figueroa, whoever you are.

Regardless, I am just glad to know I can truly recognize spam...

Bests and good luck this time (I know all you respondents will need it! It will be hard to recover from this one).

Kisses, xoxoxo!

--Rick

<rick.jpg>

[Quoted text hidden]

Erik Handberg <ehandber@gmail.com>  
To: Richard A Russell <rar777@email.arizona.edu>  
Cc: medall <medall@list.arizona.edu>

Mon, Sep 16, 2013 at 9:00 AM

On behalf of all of us, I'm sorry for hurting everyone's feelings. From now on we will take your and your classmates' email preference with the seriousness and thoughtful consideration that it deserves. Medical school is for serious people.

Erik Handberg

Richard A Russell <rar777@email.arizona.edu>  
To: db sutton <dbsutton@dbsutton.com>

Mon, Sep 16, 2013 at 9:50 AM

shit they got called out!

--rick

[Quoted text hidden]

dbsutton@dbsutton.com <dbsutton@dbsutton.com>  
To: Richard A Russell <rar777@email.arizona.edu>

Mon, Sep 16, 2013 at 9:57 AM

indeed it is not high school. it is professional school. there is a standard required with excellence. it is work, not play. sure there should be some levity but not at the expense of another. "never look down on someone unless you're helping them up" chuck davis. good for this guy for answering the call of maturity.

db

Javier Figueroa <jav@email.arizona.edu>  
To: Richard A Russell <rar777@email.arizona.edu>  
Cc: medall <medall@list.arizona.edu>

Mon, Sep 16, 2013 at 10:09 AM

I would like to apologize as well. Neither I nor anyone else meant any insincerity or maliciousness towards you or any of our peers. That is not what UACOM is about. Best wishes on your studies!

Javier Figueroa

[Quoted text hidden]

Richard A Russell <rar777@email.arizona.edu>  
To: Javier Figueroa <jav@email.arizona.edu>

Mon, Sep 16, 2013 at 10:35 AM

thanks man. i appreciate it.

i just assumed it was a joke gone bad. i am very glad that all of it happened as medall has learned and seen a very interesting set of events that set limits and definitions of what being in UACOM means! i am pretty stable, and it could have been very bad if all this happened to someone else less aplomb.

12/20/2019

University of Arizona Mail - [medall] Housing request

i joked back and defended myself, signalling i do not want to have any sort of official escalation by compromising my stance.

jokes and releasing steam are fine with me. i always just hope the steam and jokes find the correct butt! haha.

good luck man!

respect for a real apology.

———rick, 6026255937

[Quoted text hidden]

---

Richard A Russell <rar777@email.arizona.edu>  
 To: Javier Figueroa <jav@email.arizona.edu>  
 Cc: medall <medall@list.arizona.edu>

Mon, Sep 16, 2013 at 10:56 AM

A very honest apology. You have my honest respect Javier. I wish you the best of luck. You clearly are not a loser (as suspected). It totally stinks when jokes come out all wrong! :D

More importantly, I think that medall constituents (including myself) have something to learn and decide based upon the baboon clip of sapolsky's studies and the listserv events this weekend: **what do we want our medical school education and culture to resemble?**

If we the students (and residents) start standing up for what we want, for what is clearly right, then often times everyone is better off in the long-run including the given, hypothetical transgressor(s)—whether a peer, an employee, a professor, a doctor or even the very deans of the school.

I for one demand quality of this professional academic institution that I am paying so much to attend—that includes all the people in it (especially their jokes, highest of quality only).

Bests to all sincerely,  
 Rick

On Mon, Sep 16, 2013 at 10:09 AM, Javier Figueroa <jav@email.arizona.edu> wrote:  
 [Quoted text hidden]

---

James R Knitter <jknitter@email.arizona.edu>  
 To: Richard A Russell <rar777@email.arizona.edu>

Mon, Sep 16, 2013 at 10:58 AM

This.

Regards,

James Knitter  
 M.D. Candidate, Class of 2016  
 The University of Arizona College of Medicine | Tucson  
 jknitter@email.arizona.edu  
 [Quoted text hidden]

---

Richard A Russell <rar777@email.arizona.edu>  
 To: James R Knitter <jknitter@email.arizona.edu>

Mon, Sep 16, 2013 at 11:06 AM

haha. i still am NOT on campus! ahhh, i love podcast. my life is significantly improved because of the video system.

—rick  
 [Quoted text hidden]

---

Javier Figueroa <jav@email.arizona.edu>  
 To: Richard A Russell <rar777@email.arizona.edu>

Mon, Sep 16, 2013 at 3:57 PM

I'm glad you understood what was meant to be some mild mannered fun and I enjoyed your responses as well! Unfortunately some people have no sense of humor and take things/themselves far too seriously.

Best,

Javier Figueroa  
 M.D. Candidate, Class of 2014

12/20/2019

University of Arizona Mail - [medall] Housing request

University of Arizona College of Medicine  
jav@email.arizona.edu  
(480) 330-4763  
[Quoted text hidden]

Richard A Russell <rar777@email.arizona.edu>  
To: Javier Figueroa <jav@email.arizona.edu>

Mon, Sep 16, 2013 at 4:18 PM

cool. we cool. seriously good luck. watch out for the sensitive ones! they need and deserve the right type of loving! ;)

cheers,  
rick  
[Quoted text hidden]

Richard A Russell <rar777@email.arizona.edu>  
To: Javier Figueroa <jav@email.arizona.edu>

Mon, Sep 16, 2013 at 4:23 PM

btw, i can exculpate with an email or statement defending the respondents if needed. no one should have gotten in official trouble for a joke gone wrong, especially when i, the butt of said joke, am totally fine. The situation is a positive for the medall community.

—rick  
[Quoted text hidden]

Richard A Russell <rar777@email.arizona.edu>  
To: Bijan Mossadeghi <bijan@email.arizona.edu>

Tue, Sep 17, 2013 at 11:03 PM

Dear Bijan,

Of the entire class you were the only one that spoke out against the bullying. Because of your actions I got an apology and so did the listserv.

Your letter was very thoughtful, and I am very glad that you took the time to help me and the class remember what is acceptable.

So thank you very much. It is good that someone more fragile did not get teased, and that medall was reminded that we all need to create a nicer and polite academic culture.

Sincerely,  
Rick  
[Quoted text hidden]

Bijan Mossadeghi <bijan@email.arizona.edu>  
To: Richard A Russell <rar777@email.arizona.edu>

Tue, Sep 17, 2013 at 11:43 PM

Hi Rick

Other people from my class (2016) also wrote to them, but they may have not copied you. We had a little talk about it on our FB page, and we decided we should speak up, but to keep it off medall for now. I'm glad they did the right thing and apologized. Hopefully that will go a long way in changing the culture. You're welcome, and thanks to you also.

Regards,

Bijan Mossadeghi  
MD Candidate, Class of 2016  
University of Arizona College of Medicine - Tucson  
[Quoted text hidden]

Anne Ivie <abivie@email.arizona.edu>  
To: Richard A Russell <rar777@email.arizona.edu>

Sat, Sep 14, 2013 at 11:55 PM

Rick,  
Thanks for the very well intended warning. I thought your reasoning was sound and your approach was kind, even apologizing if you were mistaken.  
Thanks for looking out for gulable people like me.  
Anne  
MS1  
[Quoted text hidden]

Richard A Russell <rar777@email.arizona.edu>  
To: Ricardo Russell <ricardo.alan.russell@gmail.com>

Fri, Dec 20, 2019 at 2:48 PM

[Quoted text hidden]

12/20/2019

University of Arizona Mail - [medall] Housing request

**Amer Afaneh**

Trauma surgeon at St. Vincent Mercy Hospital

---

great doctor and person to learn from. Thank you too for checking in with me to clarify if I was or was not the student that took out the NG tube in the OR. The other student Ms Swanson, she said no, I did not remove any ng tube. I don't want to be in trouble. That is the secondary reason for this message; the primary reason is to thank you two.

Your rounding was incredible.

The hardest working doctor I have ever seen.

I now know how to clear a cervical collar and why you palpated for tenderness in the neck of our patient

([https://www.vumc.org/trauma-and-scc/files/trauma-and-scc/public\\_files/Protocols/Ccollar\\_clear\\_042017.pdf](https://www.vumc.org/trauma-and-scc/files/trauma-and-scc/public_files/Protocols/Ccollar_clear_042017.pdf)).

--Rick, 520 213 9973



**Amer Afaneh** • 10:03 PM

Hey Richard thanks for the message. Dont worry about ngt thing I havent been asked again about it. Keep up the enthusiasm and curiosity in your training. Good luck with the rest of the year.

---

DEC 7, 2018



**Richard Alan Russell** • 12:48 PM

Thanks, Amer

**Amer Afaneh**

Trauma surgeon at St. Vincent Mercy Hospital



**Amer Afaneh** · 1st

Trauma surgeon at St. Vincent Mercy Hospital

NOV 12, 2018



**Richard Alan Russell** · 2:38 PM

I wanted to thank you and Dr Bellal Joseph for working with me during the second trauma call! Please tell Dr Joseph thank you for helping me realize a good time to amend my call out to the Boarder Patrol. I think you suggested I show them the snack and relaxation area. Anyways, thanks for all the training. You are a great doctor and person to learn from. Thank you too for checking in with me to clarify if I was or was not the student that took out the NG tube in the OR. The other student Ms Swanson, she said no, I did not remove any ng tube. I don't want to be in trouble. That is the secondary reason for this message; the primary reason is to thank you two.

Your rounding was incredible.

The hardest working doctor I have ever seen.

I now know how to clear a cervical collar and why you palpated for tenderness in the neck of our patient

([https://www.vumc.org/trauma-and-scc/files/trauma-and-scc/public files/Protocols/Ccollar clear 042017.pdf](https://www.vumc.org/trauma-and-scc/files/trauma-and-scc/public%20files/Protocols/Ccollar%20clear%20042017.pdf)).

Write a message...



College of Medicine

## Attributes of Professional Behavior

These Attributes of Professional Behavior describe behaviors that medical students are expected to develop during the course of their education, both in the classroom and in the community in which the educational mission operates. This document serves to promulgate these attributes to faculty, residents, students, staff and community preceptors of the University of Arizona as explicit recognition of the shared responsibility for creating an appropriate environment for learning these attributes of professional behavior.

The Attributes are consistent with existing University of Arizona and Arizona Board of Regents (ABOR) policies, as well as established policies implemented in undergraduate medical education, graduate medical education, residency programs, Arizona Health Sciences Center departments and clinical settings.

### Attributes:

- Communicate in a manner that is effective and that promotes understanding, inclusion and respect for individuals' diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.
- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one's own limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
- Promote wellbeing and self-care for patients, colleagues, and one's self.
- Be responsive to the needs of the patients and society that supersedes self-interest.

The model below serves to link the various attributes ascribed to Professionalism.



Model adapted from Arnold I, Stern DT. What is Medical Professionalism? In: Stern DT, ed. *Measuring Medical Professionalism*. New York, NY: Oxford University Press; 2006:19.

*The blocks at the base of the model above represent knowledge and skills that serve as foundations for developing professionalism.*

**COMMUNICATION** Communicate in a manner that is effective and promotes understanding, inclusion and respect for individuals' diverse characteristics.

**ETHICAL & LEGAL UNDERSTANDING** Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research and patient care including advances in medicine.

**HUMANISM & CULTURAL COMPETENCE** Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, culture background, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.

**KNOWLEDGE** Demonstrates understanding of basic sciences (biological and social sciences) and application to patient care, including skill in critical thinking and problem solving.

*The pillars represent the behavioral application and practice of professionalism, which rely on the foundations underneath the pillars.*

**EXCELLENCE:** Strive for excellence and quality of care in all activities and continuously seeking to improve knowledge and skills through life-long learning while recognizing one's own limitations.

**ACCOUNTABILITY:** Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability. Maintain a professional appearance and demeanor, and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.

**RESPECT:** Uphold and be respectful of the privacy of others. Consistently display compassion, humility, integrity, and honesty as a role model to others.

**ALTRUISM:** Promote well-being and self-care for patients, colleagues, and one's self. Be responsive to the needs of the patients and society that supersedes self-interest.

## Class: Fiction

## Direct Observation Clinical Evaluation Exercise

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Rick Alan statement Inbox



Wong, Raymond K - (rkwong)

to me, Miller, Travis, Violet

Hide details



From: Wong, Raymond K - (rkwong) rkwong@email.arizona.edu

To: Rick Alan rick.alan.russell@gmail.com

Cc: Miller, Elizabeth Wolnick - (ewmiller) ewmiller@email.arizona.edu  
Travis Garner travisgarner@medadmin.arizona.edu  
Violet Siwik vsiwik@medadmin.arizona.edu

Date: Nov 14, 2018, 10:03 AM

[View security details](#)

This kid does not know how to write a formal letter or is not taking this process seriously.  
Can we do anything about this?

Ray

---

**From:** Rick Alan <rick.alan.russell@gmail.com>  
**Date:** Wednesday, November 14, 2018 at 4:48 AM  
**To:** "Wong, Raymond K - (rkwong)" <rkwong@email.arizona.edu>  
**Cc:** Violet Siwik <vsiwik@medadmin.arizona.edu>, Travis Garner <travisgarner@medadmin.arizona.edu>, Sean Elliott <sellott@peds.arizona.edu>  
**Subject:** Re: Meeting with SPC, grade appeal

dr herron and doctor Elliott to my knowledge got feedback from 1 of the 5 attending i worked with.

thanks

El mié., 14 de noviembre de 2018 4:38, Rick Alan <rick.alan.russell@gmail.com> escribió:

1

**CLAIM 2**

2 Having a resident physician give my cell phone number to a patient  
3 without my permission and not in my presence (written documentation);  
4 Having a physician send a group text including other healthcare  
5 professionals about me referring to a blow job (written documentation);  
6 Being told I cannot send peer-reviewed article titles, abstracts, and  
7 or findings relevant to the team's patient(s) via text (personal  
8 testimony); Being dismissed to academic half-day without explanation  
9 because I left the hospital building during a fire (written  
10 documentation); Being told I have a mental disorder when I tried to  
11 explain my personal philosophy of dialetheism to an attending (personal  
12 testimony); Later being explained to by the director of the internal  
13 medicine clerkship that getting on the right medicine for ADHD fixed all  
14 the problems for another student like me (personal testimony); Being  
15 called late after work hours when I had the flu with the expectation  
16 that I must pick up and discuss my "failures" for over an hour, then  
17 being harassed in act of bullying by this same doctor the next day during  
18 my lunch break for no patient-related end (written documentation and  
19 personal testimony).

20

**EVIDENCE**

21 My first clinical rotation was in Internal Medicine. The largest and  
22 longest of all clinical rotations. I passed it while being harassed. I  
23 even reported part of this harassment in writing to the director, and  
24 she violated Title IX and school policy by failing to investigate,  
25 report, or do anything.

26 dR Adi Paliwal, apart from cursing throughout the training day and  
27 sending of a group text about "blow jobs", went so far as to fail me  
28 for my note writing on my very first rotation. I had to refuse to sign  
29 his final Internal Medicine evaluation politely walking away from this  
30 chief resident, trained at the UACoM as a student and resident. I  
31 wanted a concrete example from him of how my notes were wrong so I  
32 could take his feedback with me and improve my notes. It had seemed to  
33 me during this rotation like no matter how I wrote my own note(s),  
34 that it was not correct. Turns out after multiple other clerkship  
35 rotations, I should have been copying and pasting most of the notes  
36 whether from templates or immediately from the text of the team's  
37 notes to pass. I realized this after this first rotation with Adi.

38  
39 So, when d Adi Paliwal and I pulled up a random note during this final  
40 feedback I refused to sign - so he could show me what I did wrong - he  
41 had the note I had written on my own in front of his own face and  
42 under the diabetes mellitus (DM) problem he said "see you still are  
43 not including the Alc value"... I looked at him and said "what are you  
44 talking about? It is written right here under the DM problem. I can't  
45 sign your feedback note [walking away after taking a picture of his  
46 evaluation form]." Is a student being harassed supposed to sign a note  
47 failing him for writing notes incorrectly, when the random note we  
48 pull up is said to not have a value where this value is plainly and  
49 clearly written? His Honor, to Rick, the answer is: no.

50  
51 In fact, this happened repeatedly during my training, there were

52 patient's misdiagnosed by medical doctors according to other licensed  
53 professionals from across licensing disciplines, whom I listened to  
54 and communicated with about their thoughts. (Well actually, I ended up  
55 just giving up on trying to work with other professionals on the care  
56 team by the very end of my rotations.) However, during this first  
57 rotation, I even had the head clinical pharmacist of 3 hospital floors  
58 out-right tell me that he doesn't think it's serotonin syndrome either  
59 - but that I "can't ask these types of questions yet, I have to wait  
60 because it is not my [legal] responsibility" - which in this patient  
61 cased during my first in-patient experience was the legal  
62 responsibility of the previous Dean of the CoM dR Goldschmidt. I was  
63 on the floor strongly and directly inquiring how this same patient had  
64 a tracheostomy put in with zero abnormal vitals in the computer health  
65 records. And dR Adi Paliwal tried to teach me the ABC's of airway,  
66 breathing and circulation, and on so the floor I responded to him that  
67 I learned this already (as a lifeguard) and there are no abnormal  
68 vitals in the computer system; - that this is the point of my concern.  
69 An African American nurse then walked by me and said in front of  
70 everyone on the floor, "oooh baby, who are you?! You are going  
71 places."

72 Hence the retaliation. And hence why the patient's appreciated my  
73 care. I showed them their medical records on the computer. I always  
74 let them know I am just medical student, and am not a MD. And always  
75 said the medical team is the one that can help guide all of us with  
76 the records and effective interpretation. I was always respectful, and  
77 never once said in front of any patient that I disagreed with the

78 diagnosis. NOT. ONCE. I always deferred to the licensed medical  
79 providers. And I always encouraged patients to own their own  
80 healthcare process as their own advocates.  
81 And this made it worse. I learned very quickly that this was not an  
82 honest game being played in the hospital, and that the feedback I was  
83 being given was almost always to be contradicted, and that my grading  
84 had nothing to do with reality at many junctures.

85 So, I started to record my presentations which sometimes were  
86 interrupted so many times in front of the entire team, it would take  
87 me 30 minutes to get through a single patient, to try and figure out  
88 what the heck I was supposed to do with each new team. I mean during  
89 this exact same Internal Medicine rotation; I was told point-blank by  
90 attending dR K Beeler that it is "not acceptable to request equal  
91 treatment of respect from my team member and fellow student".

92 My brain was literally not capable of keep up with this...and it  
93 eventually led me to experience what were stroke-like symptoms during  
94 my next clinical rotation.

95 And in the end, I did learn to write notes more proscriptively, while  
96 also being able to advance my ideas. I eventually started to get  
97 recognized by my peers after time and time again other departments had  
98 to call me back and edit their statements and reads of CT's,  
99 diagnosis, and exam findings. And it was because within the  
100 contradiction of useful and useless training, I was able to piece  
101 together - from my own will and desire to become a balanced healthcare

102 provider - an appropriate methods of documentation which looked  
103 nothing like the other providers at times.

104 Keep in mind that I did not start documenting useless wrong-doings  
105 against me heavily until later in my clinical experiences. It took me  
106 about 6 months to figure out, and to come to terms with, what was  
107 really going on.

108 And yes, I was almost always grateful and respectful during my  
109 internal medicine rotation, see texts to dR Mikhael and Adi. And yes,  
110 the physicians would either fail me for medical knowledge or for  
111 professionalism if they didn't like me. (And note, I passed my  
112 licensing exams in the end.) The doctors on any team that didn't like  
113 me would pick one of these angles of "attack". The doctors were either  
114 forced to admit that I knew enough to pass, but failed to be  
115 professional (which is not true); or they would fail me for medical  
116 knowledge (not precisely true either), passing me for professionalism.  
117 Of course, at times I would willing just fail the professionalism  
118 component by exercising my rights to be absent and my rights to  
119 submit, for example, a case report late. However, this professionalism  
120 failure by the rules and policy should only have been approximately 5%  
121 of my final clinical grade, which I willingly sacrificed on one or two  
122 occasions.

123 You will see, His Honor, this pattern throughout my grades, and this  
124 is ultimately why I believe that the surgery clerkship director  
125 arbitrarily and capriciously decided to not allow me to take my first  
126 surgery clerkship rotation final shelf exam when I was absent due to

127 my attempt to meet with the psychiatry clerkship director morning of  
128 examination. I had been failed for medical knowledge by the surgeons  
129 and it would have looked bad if, yet again, I passed the national  
130 shelf exam(s). We will see, His Honor, how at one point the neurology  
131 clerkship director basically failed me for everything possible,  
132 listing at no comparable length where I had succeeded well above  
133 standards, earning a final pass. This was before the surgery rotation  
134 re-take.

AP 7/27/86





← Adi Paliwal



I am in the team room...code red...

1:00 PM



I have left building and awaiting further directions. Hope the team is safe.

1:09 PM



A

Why? Go to academic half day

1:09 PM

Ok. Thank you. I will go to academic half day.

1:10 PM



Send message





← Dr Dalia Mikhael



Mayo Clinic › symptoms › conf20023388

Mobile-friendly - For people who do experience signs and symptoms of long QT syndrome, the most common long QT symptoms include: Fainting. This is the most common sign of long QT syndrome. Seizures. If the heart continues to beat abnormally, the brain becomes increasingly

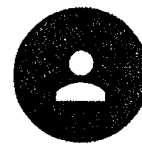


Thank you for helping realize the most important thing for my presentation is decreased commentary. I also need to work on organization. I didn't get to go over my A/P during the presentation, however her heart did not have regular rate or rhythm. Again, for the patient's sake I send this text. Thank God I am off tomorrow. Sleep.

Not sent. Tap to try again.

Thank you for all your help and teaching. I re-listened to all your teaching points for my presentation. Very good pointers. Cheers. 🤔

Not sent. Tap to try again.



Send message





Dr Power



Saw pt in ICU and now at lunch.  
What's up?



59 mins

D

Answer ur phone

59 mins

What do you want dude?



I don't need or want to pick up my  
phone. I am on lunch break.

57 mins

D

Are u serious. You aren't capable  
of answering your phone.

57 mins

Is there a patient? I just don't want  
to talk on it. Please.



57 mins



Send message





Dr Power



D

Are u serious. You aren't capable of answering your phone.

58 mins

Is there a patient? I just don't want to talk on it. Please.

57 mins



D

Nm

57 mins

Leave me in peace. Unless I need to do something for my job.

Ok. If there is a pt or there is something you need help with please let call me again.

56 mins



Headed to team room.

6 mins



Send message





Richard A Russell &lt;rar777@email.arizona.edu&gt;

---

**F/u from our meeting last week**

3 messages

Richard A Russell &lt;rar777@email.arizona.edu&gt;

Sun, Dec 4, 2016 at 2:46 PM

To: Richard Alan &lt;rick.alan.russell@gmail.com&gt;, Amy Sussman &lt;asussman@deptofmed.arizona.edu&gt;

Dear Dr Sussman,

Thank you for spending time, energy, emotion to help me close up the IM clerkship! I know you are very busy at work and have two young boys to raise with your family outside of work!

I look forward to seeing the last section of my final feedback removed from Oasis documentation and sent to the student and OSME as we agreed.

Sincerely,  
Rick

---

Below were some of the concerns I emailed the professionalism team and that we spoke about during this meeting. If you really are interested in my experience, I again urge you to read my balanced reviews of the residents and doctors I worked with over the first 8 weeks.

We discussed:

Most concerning, is the section for the OMSE and the student! If it's valid and important, then put it in the official note. If it's not valid and unimportant, then don't write in my feedback section of Oasis.

- 1) that during the first 8 weeks my official written mid-clerkship feedback forms were nearly, completely, contradictory, and that from the first day I very avidly sought feedback to incorporate into my daily practices
- 2) that the most significant thing I changed was my daily interaction, specifically for out-patient I said as few words as possible every single day and single-handedly that's what improved my feedback most
- 3) there was also concern for professionalism and clinical errors on the part of my team(s), for example, someone on my team gave my cell phone number to a patient, trying to play a prank with harassment about a blow job and the fellow student walked out of my presentation(s), even while other doctors and residents stayed
- 4) and that ultimately I conformed, which has nothing to do with my maturing and certainly nothing directly to do with critical thinking or application of medical knowledge in the clinical setting

---

Amy Sussman <asussman@deptofmed.arizona.edu>

Mon, Dec 5, 2016 at 7:45 PM

To: Richard A Russell &lt;rar777@email.arizona.edu&gt;

Dear Rick,

I spoke with OMSE leadership following our meeting on Thursday. They have requested that we keep the documentation as is and not remove the below the line comments. As I stated previously, they will not be included on your MSPE unless this is a repeated behavior or problem that is seen in all clerkships (and it appears things have improved greatly since Medicine so this should not be the case).

I am sorry I mispoke without reviewing with leadership. It will remain as is but, again, should not pose a problem for residency as it would not be included on your MSPE. I know you are smart and proactive, and I think you will continue to do well throughout your clerkship time.

I am out on leave for some weeks. I am happy to speak more when I return or would encourage you to speak to OMSE leadership if need be.

Best Regards,

Amy

---

**From:** Richard A Russell [rar777@email.arizona.edu]

**Sent:** Sunday, December 04, 2016 2:46 PM

**To:** Richard Alan; Amy Sussman

**Subject:** F/u from our meeting last week

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---

Richard A Russell <rar777@email.arizona.edu>  
To: Richard Alan <rick.alan.russell@gmail.com>

Wed, Nov 14, 2018 at 1:58 AM

below the line internal medicine

On Mon, Dec 5, 2016 at 7:45 PM Amy Sussman <asussman@deptofmed.arizona.edu> wrote:  
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4) and that ultimately I conformed, which has nothing to do with my maturing and certainly nothing directly to do with critical thinking or application of medical knowledge in the clinical setting

**CLAIM 3**

Having to repeatedly refuse to sign untrue and slanderous and libelous statements against my professional character and person then being penalized and retaliated for exercising my right to and of refusal to sign (written documentation); have physicians spread rumors about me regarding false statements about my personal and professional character repeatedly (written documentation and personal testimony).

**EVIDENCE**

The evidence included here is only limited to the pediatrics rotation, where the administration had to redact my evaluations for this liable and also the psychiatry rotation - whence totally false information was never redacted, addressed, recognized, nor analyzed, rather included as valid truth in my final evaluation. Specifically in psychiatry, the feedback from the nurses I worked with directly, including the nursing manager - to correct the doctor's false statements that I was intrusive and interfering with the nursing workflow - was completely ignored by the medical doctors and committee(s) of medical doctors. All the nurses that I worked with, which was a majority on the floor, thought I was an amazing student. And none of the nurses I fraternized with during my work at the VA psychiatric ward complained to the nursing manager. The one nurse that did not like me, reported me to a doctor for giving a dictionary book to a patient trying to spell words correctly in the

26 psychiatry ward. This nurse (I believe name Rick) told me that  
27 the book could be used as a weapon, and I guess he reported me  
28 to the doctors; whom took the report as an opportunity to run  
29 with it.

30  
31 The pediatric and psychiatry instances don't even begin to  
32 consider all the slander and liable going against my name in  
33 emails, which can be seen in the police report documents with  
34 the UAPD. The Deputy Dean of Education even generated false  
35 police reports based upon Facebook posts quoting the British  
36 medical journal.

37  
38 This defamation was an ongoing problem understanding what is the  
39 spirit of harassment, and over and over, multiple medical  
40 doctors were trying to find any account - regardless of it being  
41 true or false, useful or useless, factually and realistically -  
42 to try and find anything to break my enthusiastic spirit down  
43 and paint my personal and professional image as something  
44 untrue. I was always professional and direct in my dealings  
45 about 99% of the time while associated with the UArizona College  
46 of Medicine. The audio recording  
47 15207921450\_2018\_11\_15\_11\_03\_35\_037\_out is a conversation with  
48 the Director of the VA psych ward. In this recorded conversation  
49 she flat out states that she received directive from the  
50 UArizona faculty that students are not to collect their own

51 evaluations. Yet, there are multiple emails from the director of  
52 the psychiatry clerkship dR S. Herron stating he never sent out  
53 a directive of such. This is yet another example of why I had to  
54 start recording everything. Faculty were lying in confusion,  
55 most often about very simple and reasonable miscommunication.  
56 And yes, I reported the miscommunication(s), which were an  
57 infringement on 1<sup>st</sup> amendment rights of a VA psychiatrist to the  
58 Office of General Counsel; stating there must be a "confusion".  
59 No action was taken.



College of Medicine

Curricular Affairs Office  
University of Arizona College of Medicine  
1501 N. Campbell Avenue  
Room 3204

PO Box 245150  
Tucson, AZ 85724-5150  
Tel: (520) 626-8074  
Fax: (520) 626-8999

October 31, 2018

Re: **Pediatrics Clerkship Appeal – Richard Russell**

Mr. Russell:

This letter is in response to your formal request for Pediatrics Clerkship grade appeal, based on your rotation 11/14/16 – 12/23/16. In this appeal, you made the following requests:

1. Remove or place “below the line” identified discriminatory and false comments
2. Re-evaluate the final clerkship grade of Pass

I have reviewed all the materials you provided and also the complete record of evaluations and feedback from the Pediatrics Clerkship. Further, I have met with you in person and also interviewed all individuals who contributed to your summative evaluation (Drs. Z. Shehab, Y. Kurland, A. Baksh, and T. Johanson.) My decision, based on the sum of this data, is to uphold your grade of “Pass” for the clerkship and retain the summative comments provided to the Associate Dean of Student Affairs, Dr. George Fantry, with the exception of the following statements:

- “His honesty and integrity were questioned”
- “At that point, the senior resident had mentioned to Rich that he is not allowed to coerce his evaluation.”

Both statements will be placed below the line of the summative comments provided by the Pediatrics Clerkship grade and subsequently removed from the MSPE.

In accordance with the University of Arizona College of Medicine – Tucson Policy and Procedures and Bylaws, this decision is final and no further grade appeal is permitted. Thank you for this request.

Sincerely,

Sean P. Elliott, MD  
Interim Associate Dean, Curricular Affairs  
Professor and Associate Chair, Dept. of Pediatrics  
The University of Arizona College of Medicine  
Tucson, Arizona  
sellott@peds.arizona.edu

cc: Kevin Moynahan, MD, Deputy Dean of Education  
George Fantry, MD, Associate Dean – Student Affairs  
Ziad Shehab, MD, Director – Pediatrics Clerkship

Friday, January 4, 2019

Richard A. Russell  
Reasons for Appeal

My appeal should be granted because Dr. Elliot's rejection of my appeal was not supported by the evidence and constituted a neglect of discretion.

I have passed the psychiatry clerkship national board exam, but I was failed for interpersonal communication and patient care based upon 3 anonymous physician graders (Screenshot\_20181209-191806.png; Screenshot\_20181209-194934.png). These anonymous graders were selected from within the 5 attending physicians and 2 resident physicians in training (VA Rotation Schedule.xlsx), which I worked with for varying amounts of time during the 6-week clerkship. Presently, to the best of my knowledge, only 1 of the 5 attendings I worked with has contributed to my final grade. This is exhibited by the fact that I have collected 2 additional feedback and evaluation forms from 2 more attendings from this group (IMG\_20181105\_0003.jpg, Russell.jpg), both of which demonstrate my current grade should be a pass, *not* a failure.

Additionally, I spoke with Dr. Klugheit, who said I was professional and respectful around her (Screenshot\_20181231-012605). I also have summarized the verbal feedback Dr. Trimble provided to me. (Screenshot\_20181230-180826.png). I worked with Dr. Trimble for multiple weeks directly at the VA psychiatry ward 1 west, and he indicated I should not have failed the clerkship. I also talked with all the remaining members of this group, excluding 1 of the residents, Dr. Carlo. At the Banner University Medical Center, Dr. Peet told me in person that she did not think I should fail and "to continue to advocate for myself." (download\_20181209\_193240.jpg).

Furthermore, two students told me they thought I was professional and respectful during the clerkship (contradicting my purported failure of respecting peers); one of their attestations is included as well (Screenshot\_20181209-191706.png). I worked a sum total of 8 weeks with attendings Dr. Trimble and Dr. Allison (my mentor for the 6-week rotation) who wrote these additional feedback and evaluation forms (Screenshot\_20181209-192518.png). I took significant time to personally collect these evaluations and feedback forms since the end of the clerkship. All offer some form of positive feedback, and none indicate any area of failure.

I have recorded proof that the director of the psychiatry clerkship, Dr. Herron, has blocked the collection of feedback and evaluation from Dr. Mayo, who was another attending assigned to teach me in Dr. Trimble's absence. Despite Dr. Mayo "happily" offering me written feedback and evaluation, and despite her being "happy" with my performance. Doctor Mayo was 1 of only 2 attendings who has thoroughly seen me complete patient interviews and reviewed my clinical patient care notes. She also was the only attending to train me in electroconvulsion therapy procedures with her patient. Regarding the aforementioned recording, it contains a conversation in which Dr. Gunther, director of the VA psychiatry ward 1 west—whom to the best of my knowledge passed me with marks of excellence after working directly with me for 2 plus weeks (IMG\_20180910\_095156.jpg)—told me verbatim that clerkship director Dr. Herron said students are not to get the feedback and that I need to talk with him (15207921450\_2018\_11\_15\_03\_35\_037\_out.mp3). This phone recording was taken the day after notifying the university's general legal counsel that the psychiatry clerkship

director had provided misinformation, ultimately blocking my due feedback and evaluation. (Screenshot\_20181209-193707.png).

It is indisputable that attending Dr. Pace—who I was never assigned to work with, who I never actually worked with, and who never oversaw my patient care—complained about me to all the other VA attendings and the psychiatry clerkship director. This unjustifiably hurt my professionalism grade. I had no problems with faculty other than her. After one incident of conflict with Dr. Pace, I directly apologized to her for my behavior of not asking my question in the (non-patient) workroom more inquisitively. In this matter, Dr. Pace spent less than a total of 3 hours around me during the 6-week clerkship and even raised her voice and hand at me regarding a clinical patient description. I simply disagreed with Dr. Pace about a patient she never saw, and who was never assigned to her for care. Sincerely I directly thanked Dr. Pace for explaining too.

At no point was I told I was in danger of failing, even after meeting with the clerkship director Dr. Herron well into the 6-weeks. (Screenshot\_20181209-191641.png), and the witnesses, of Dr. Pace's unprofessional behavior toward me, stated immediately afterward: "you challenged the expert and did not listen (Dr. Peet)" and "yeah I don't know what to do...just be careful...I learned in surgery just not to say anything to attendings...it's about how you approach authority (Dr. Fernandez)" (Screenshot\_20181209-195203). I took this feedback, and applied it directly and immediately.

My current grading situation does not feel like helpful instruction from a public university contracted to teach me the fundamental tenets of allopathic medicine. I believe Dr. Carlo, the resident physician in her first year of training, gave me most marks of failure.

Doctor Carlo's only statements to me were "I am just concerned about your safety" and "hierarchy is real." Dr. Carlo never once mentioned to me my failing performance during the psychiatry clerkship.

Furthermore, my future residency job application comments written by Dr. Herron in my MSPE incorrectly stated I was intrusive and "interfered with the workflow of nurses." This statement is inaccurate. I have collected signed attestations from 6 nurses, including the Nurse Manager of the floor, stating the exact opposite (IMG\_20181105\_0004.jpg, IMG\_20181209\_204519317.jpg). One Registered Nurse said I was the best medical student she has ever seen in 3.5 years on the floor (IMG\_20181105\_0001.jpg). And the Nurse Manager supervising all the nursing staff said she received no complaints; and agreed I was a positive contributor, leaving her phone number for questions.

In whole, medical school has been quite a learning experience and undeniably a fantastic life opportunity. I have grown immensely, and I have received much valuable guidance to integrate into who I am and what I plan to do for the Tucson community, the state of Arizona, and beyond, as an honorable alumnus of the University of Arizona and professional medical doctor. For the 2019 year, I plan to focus on more effectively working with a team.

I request that after reviewing my appeal and all provided evidence, that the SPC amend my grade in my Psychiatry Clerkship to a non-failing grade.

Sincerely,

Rick

MD Candidate 2019, UA-CoM

[Rar777@email.arizona.edu](mailto:Rar777@email.arizona.edu)

*Referenced documentation hyperlinked, [Click Here](#)*

## Appendix B: Assessment Forms

### Mid-Clerkship Formation Feedback Form

MID-CLERKSHIP FORMATIVE FEEDBACK			
Student	Richard Russell	Evaluator	Dr. Allison Peet
Clerkship	Psychiatry	Site	VA Hospital
		Date	8/30/18

**Strengths:** Overall, what did you observe to be the greatest strengths of this student?

**Areas of Improvement:** Please be specific about what you observed and how you think these areas could be improved in the future:

**Provide feedback for areas that you personally observed:**

<b>Medical Knowledge</b> <ul style="list-style-type: none"> <li>Exhibits appropriate knowledge and understanding of basic pathophysiological processes</li> <li>Demonstrates critical thinking and clinical decision making</li> </ul>	<input checked="" type="checkbox"/> Needs improvement <input checked="" type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b> Rick is working on becoming more familiar w/ psych meds
<b>Patient Care</b> <ul style="list-style-type: none"> <li>Conducts accurate history &amp; physical exam</li> <li>Appropriately manages patient care</li> <li>Works effectively with health care professionals</li> </ul>	<input type="checkbox"/> Needs improvement <input checked="" type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Interpersonal &amp; Communication Skills</b> <ul style="list-style-type: none"> <li>Establishes effective therapeutic &amp; ethical relations with patients, family and colleagues</li> <li>Clearly documents &amp; presents patient data &amp; clinical information</li> <li>Demonstrates effective listening skills</li> </ul>	<input type="checkbox"/> Needs improvement <input checked="" type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Professionalism</b> <ul style="list-style-type: none"> <li>Demonstrates punctuality, accountability, honesty</li> <li>Shows respect for others &amp; seeks responsibility</li> <li>Demonstrates sensitivity &amp; responsiveness to diversity, including culture, ethnicity, income</li> </ul>	<input type="checkbox"/> Needs improvement <input checked="" type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Practice-based Learning Improvement</b> <ul style="list-style-type: none"> <li>Uses evidence-based approaches</li> <li>Exhibits skills of self-directed learning</li> <li>Self-assesses and incorporates feedback to improve performance</li> </ul>	<input type="checkbox"/> Needs improvement <input checked="" type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Systems-based Practice</b> <ul style="list-style-type: none"> <li>Advocates for quality patient care and safety</li> <li>Works appropriately within delivery systems and utilization</li> <li>Knowledge of MD in community health &amp; prevention care applies to patient care</li> <li>Applies knowledge of disease prevalence to patient clinical care</li> </ul>	<input type="checkbox"/> Needs improvement <input checked="" type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>

HPI/ SOAP/ N/A	Physical	Diagnosis/ Observation/ Chief	Review/ Response
<b>For Student to complete:</b> Please use this space to describe the training skills that you have gained based on this feedback.			

By signing below, I acknowledge that we have discussed this mid-clerkship feedback.

 Richard Russell Student	 Dr. Allison Peet Evaluator
-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------